

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>2/18/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>TV</i>	<i>SL 870</i>	<i>10 20 00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)... Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Date
Final Original	
1	12.7.00
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Best Available Copy

If more than 150 claims or 10 actions
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